

STATE OF HAWAII — DEPARTMENT OF TAXATION
**RENTAL MOTOR VEHICLE AND TOUR VEHICLE
SURCHARGE TAX**

Use this form for periods beginning after August 31, 1999

DO NOT WRITE IN THIS AREA

70

NAME: _____

☐ **MONTH OF** _____

(Do not combine your filing for more than one month, if filing monthly.)

☐ **QUARTER OF** _____

(Do not combine your filing for more than one quarter, if filing quarterly.)

☐ **SEMIANNUAL PERIOD OF** _____

(Do not combine your filing for more than one semiannual period, if filing semiannually.)

R.V. I.D. NO. _____

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1 HERE •

		COLUMN A		COLUMN B		COLUMN C	
		Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days		Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers		Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 26 or More Passengers	
1	OAHU DISTRICT						1
2	MAUI DISTRICT						2
3	HAWAII DISTRICT						3
4	KAUAI DISTRICT						4
5	TOTALS (Add lines 1 thru 4 of columns A, B, and C)						5
6	RATES		\$3		\$15		\$65
7	TAXES (Multiply line 5 by line 6 of columns A, B, and C)		00		00		00
IF YOU DO NOT HAVE ANY ACTIVITY, AND THE RESULT IS NO TAX LIABILITY, ENTER "0" ON LINE 8. THIS RETURN MUST BE FILED.		8	TOTAL TAXES DUE (Add line 7, columns A thru C, and enter here)				8
FOR LATE FILING ONLY →		9a	PENALTY →				9a
		9b	INTEREST →				9b
ATTACH YOUR CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN ON ANY U.S. BANK AND FORM VP-1 TO FORM RV-2. WRITE "RV", THE FILING PERIOD, AND YOUR R.V. REGISTRATION NO. ON YOUR CHECK OR MONEY ORDER.		10	PLEASE ENTER AMOUNT OF YOUR PAYMENT (add lines 8, 9a and 9b)				10

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the Rental Motor Vehicle and Tour Vehicle Surcharge Tax Law and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE _____

TITLE _____

DATE _____

MAILING ADDRESSES:**Oahu District Office**
P.O. Box 2430
Honolulu, HI 96804-2430**Maui District Office**
P.O. Box 1427
Wailuku, HI 96793-6427**Hawaii District Office**
P.O. Box 937
Hilo, HI 96721-0937**Kauai District Office**
P.O. Box 1687
Lihue, HI 96766-5687

THIS SPACE FOR DATE RECEIVED STAMP